

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/08/2013
FORM APPROVED
OMB NO. 0938-0391

452 6/15/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/01/2013
NAME OF PROVIDER OR SUPPLIER MOUNTAIN CITY CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 919 MEDICAL PARK DRIVE MOUNTAIN CITY, TN 37683		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 176 SS=D	<p>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review, facility policy review, observation and interview, the facility failed to assess one resident (#109), of thirty two residents reviewed, for self administration of nebulizer treatments.</p> <p>The findings included;</p> <p>Resident #109 was admitted to the facility on April 2, 2013, with diagnoses including Vascular Dementia with Delusions, Anxiety, Drug Dependency, Alcohol Abuse, Depression, Hypertension, Pulmonary Embolism, Atrial Fibrillation, Tachycardia, Obstructive Chronic Bronchitis, Respiratory Failure, and Above the Knee Amputation.</p> <p>Observation during the initial tour of the facility on April 29, 2013, at 6:40 p.m., on the 300 hall, revealed Resident #109 sitting on the side of the bed with a breathing treatment being administered. Further observation revealed there was not a staff member in the room.</p> <p>Review of the facility's procedure "Medication Administration-Nebulized" revealed "...Continue to monitor patient throughout treatment ..." Continued facility policy review of "Subject:</p>	F 176	<p>Mountain City Care and Rehabilitation Center does not believe and does not admit that any deficiencies existed, either before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.</p> <p>F176</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #109 has been assessed by the DON and RN Coordinator and found to be competent to self administer his nebulizer treatments. He has been care planned and will be reviewed according to policy. Self administration policy training will be initiated on May 14, 2013 by the Director of Nursing or Assistant Director of nursing. Licensed practical nurses and Registered nurses (PRN, Full time and Part time) will participate in training which will be completed by May 31, 2013. (Facility has no agency staff)</p>	5/31/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Diana Branch

Administrator

5-16-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MAY 17 2013

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F 176	<p>Continued From page 1</p> <p>Medication Administration-Self Administration of Drugs (Licensed Staff)" revealed "...residents who are willing and able to self administer upon the written order of the prescriber and when it is deemed appropriate in the judgment of the facility's interdisciplinary resident assessment team ..." Continued review of medical records revealed there was not an order for self administration or assessment by the Interdisciplinary Team.</p> <p>Interview with Registered Nurse #1, on April 29, 2013, at 6:55 p.m., in the 300 hallway outside of the resident's room, confirmed the resident had not been assessed for self-administration of medications. Continued interview confirmed the resident was not to be left alone when receiving a nebulizer treatment.</p>	F 176	<p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Facility wide assessments and reviews of all residents who self administer medications will be completed by Director of Nursing/Assistant Director of nursing as to appropriateness. All residents who receive nebulizer treatments will also be reviewed for potential self administration. These assessments will be completed by May 31, 2013. Any resident with potential to self administer will be considered at risk of deficient practice.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur.</p> <p>The Director of Nursing or Assistant Director of Nursing will make rounds weekly for one month then monthly during medication administration times each shift for three months to ensure that no resident that has not been assessed is self-administering medications. Nebulizer policy and competency will be reviewed yearly during skills training.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place?</p> <p>The Director of Nursing or Assistant Director of Nursing will monthly observe one medication pass time per hall for three months to ensure compliance with self-administration and nebulizer policies beginning June 1, 2013. Finding will be reported to Quality Assurance Committee monthly. Monitoring by RN Coordinators will be ongoing.</p>	<p>5/31/13</p> <p>6/11/13 ongoing</p> <p>6/11/13 ongoing</p>	

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